

From:

05/26/2006 08:04 #034 P.001/002

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
P.O. Box 2999
Hartford, CT 06104-2999
NAIC Number 70815

GROUP INSURANCE APPLICATION

Application is hereby made to Hartford Life and Accident Insurance Company ("HLA") on the basis of the information contained in this application, the group risk specifications, the enrollment data, and available experience data. The application in its entirety, and any required additional information, is subject to Home Office approval before insurance can become effective.

If this application is approved by HLA's Home Office, it will be attached to and made part of the Group Policy(ies). Insurance will become effective on the requested effective date shown below, unless HLA sends written notice of a different effective date.

If this application is not approved by HLA's Home Office, no insurance is in effect at any time, and any deposit premium HLA has received will be returned.

This application is made with the following deposit premium. The premium amount is estimated, as the amount due for the first month, and will be applied toward the first premium on the proposed Group Policy(ies): \$ _____

If any insurance requires employee contributions, any underwriting requirements for enrollment must be met before insurance can become effective.

Requested effective date: August 1, 2006

Coverages being applied for:

☒ Life ☒ AD&D ☐ Short Term Disability ☐ Long Term Disability]
☒ Other: SUPPLEMENTAL LIFE

[W-2 Services Option (for Short Term Disability and Long Term Disability coverage only)

☐ Option 1: Withhold state and federal income taxes, and the employee's portion of FICA. Prepare and file W-2 Forms.

☐ Option 2: Withhold federal income taxes, and the employee's portion of FICA. Applicant waives W-2 Forms services.

A detailed description of the W-2 services elected by applicant pursuant to this application will be sent to the applicant via mail. Such services will be performed in accordance with the above election and established standard procedures.]

Are there any companies that are subsidiaries or affiliates of the applicant, which are also to be insured? If yes, please furnish a listing, giving the name, address, effective date of coverage, and number of employees for each such company. ☐ Yes ☒ No

[Is the benefit plan, for which insurance is being requested, subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended? ☐ Yes ☒ No

If yes, identify the Plan Number: _____]

Sales Representative for HLA: Howard Dammarell
Regional Office: Kansas City
Name of Agent/Broker: None
City of Lincoln

For Applicant: _____

Legal Name of Entity

Signature

Date

Name and Title of Authorized Signer

Employer Tax ID No.

GR-12100-0 HLA (L/D)

Please see the enclosure for important information on disclosure

**An Employee Benefits Proposal
For the U.S. Employees of**

**City of Lincoln / Lancaster County / Lincoln
Airport Authority / 1st Choice Credit Union**

Life, AD&D

Proposal valid until June 30, 2006

The Hartford Delivers

The Hartford¹ welcomes the opportunity to quote on your group benefits.

At The Hartford, we know that the health and well being of your employees has an enormous influence on the productivity of your workforce. We understand the link between medical costs and disabilities and their impact on your company's bottom line.

The Hartford is the second largest group disability carrier² (and fourth in group life²), recognized for our financial stability and integrity for over 50 years in the group benefits business. We provide unique solutions to your insurance challenges while providing employees with the benefits that help make your company an attractive and motivating place to work.

As a market leader², we are committed to delivering our *Ability Philosophy*, which we believe is the best disability management approach in the industry:

We passionately believe that people want to lead active, productive and independent lives.

We also recognize that initial and ongoing service is as important to our customers as our claims approach. That is why we put such great emphasis on our consistent, responsive and accurate service operations. At The Hartford Group Benefits, our people bring to life our *Ability Philosophy* every day for producers, employers and employees through their deep industry **knowledge, caring**, and a proven **ability** to meet the unique needs of our customers in every interaction.

We deliver leading edge products and services, backed by a tradition of market leadership and financial strength.

Financial Strength

Hartford Life has one of the industry's strongest financial profiles, with an investment portfolio of the highest quality and over \$165 billion in assets. The Group Benefits Division has experienced record growth, with 2002 earnings up 19 percent, a five-year compound annual growth rate of 16 percent and a consistent return on equity of more than 15 percent.

Hartford Life Insurance Company and Hartford Life & Accident have consistently strong and stable financial ratings from industry analysts, including these current ratings:

A.M. Best A+
"Superior Overall Performance"

Fitch AA
"Very Strong"

Standard & Poor's AA-
"Very Strong"

Moody's Aa3
"Excellent Financial Security"

¹ The Hartford is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company, Hartford Life and Accident Insurance Company and CEBSCO, a third party administrator.

² Limra International, 2002

Leading-Edge Products and Services

- **Ability-Focused Group Disability products** – help employers maximize work force productivity and minimize absences. The Hartford was the first to focus on the abilities of people with disabilities to help them return to work, because we believe all people want to lead active, productive, independent lives. We demonstrate this belief through our Founding Partnership with U.S. Paralympics that promotes and supports the power of ability.
- **A Comprehensive Portfolio of Group Life products** – provide financial security for life's unpredictable events by offering an expanded scope of progressive benefits and features. These not only provide critically important benefits at time of death, but also offer added value to employees during their lifetime and provide special assistance to their beneficiaries. Examples include Living Benefit and Portability options, and we were among the first carriers to offer optional Financial Planning Services for beneficiaries.
- **A Complete Line of Group Accident programs** – offer comprehensive accident protection for employees. Through our *Group AD&D* coverage we offer worldwide protection 24 hours a day, 365 days a year. We also offer *Group Travel Accident* coverage for employees when traveling, and can include optional enhancements such as Worldwide Travel Assistance that provides emergency medical assistance, emergency personal services and pre-trip information.
- **Innovative Producer ViewSM and Employer ViewSM web sites** – help reduce plan administration time by providing instant, secure access to group benefit information, including claim inquiry, medical underwriting data, electronic billing and electronic payment.

For More Information

The Hartford is pleased to provide a proposal designed to meet your specific benefit plan objectives. We believe we're uniquely qualified to be your carrier of choice and look forward to serving your group benefits needs. For more information about our products and services, please contact your Hartford representative.



Basic Employee Life and AD&D

Employee Plan Summary	
Feature	Description
Class Description – City Employees	Class 1 - All Eligible Directors, Administrative Assistants to the Mayor and the Mayor of the City Class 2 - All Eligible LCEA Employees and “E” Employees of the City not Subject to Collective Bargaining Agreement Class 3 - All Eligible ATU Employees of the City Class 4 - All Eligible Active Firefighters and Police of the City Class 5 - All Eligible NAGE Employees and “X” Employees of the City not Subject to Collective Bargaining Agreement Class 6 - All Eligible “M” Employees of the City not Subject to Collective Bargaining Agreement
County Employees	Class 7 - All Eligible American Federation of State, County and Municipal Employees Class 8- All Eligible Lancaster County Deputy Sheriff’s Association Class 9 - All Eligible Corrections Officers Class 10 - All Eligible Unrepresented Employees Class 11 - All Eligible Elected Officials Class 12 – All Eligible Exempt Unclassified County Employees not Subject to Collective Bargaining Agreement, Excluding Sheriff’s Deputy Captains
Lincoln Airport Authority 1st Choice Credit Union	Class 13 – Unclassified Lancaster County Deputy Sheriff’s Captains Class 14 – All Eligible City Airport Authority Employees Class 15 – All Eligible Non-Exempt Credit Union Employees Class 16 - All Eligible Exempt Credit Union Employees
Employee Benefit	Class 1 - Flat \$50,000 Class 2 - Flat \$50,000 Class 3 - Flat \$30,000 Class 4 - Flat \$30,000 Class 5 - Flat \$30,000 Class 6 - Flat \$50,000 Class 7 - Flat \$30,000 Class 8 - Flat \$30,000 Class 9 - Flat \$30,000 Class 10 - Flat \$30,000 Class 11 - Flat \$50,000 Class 12 - Flat \$50,000 Class 13 - Flat \$30,000 Class 14 - Flat \$20,000 Class 15 – Flat \$30,000 Class 16 – Flat \$50,000
Guaranteed Issue Amount	Class 1 - Flat \$50,000 Class 2 - Flat \$50,000 Class 3 - Flat \$30,000 Class 4 - Flat \$30,000 Class 5 - Flat \$30,000 Class 6 - Flat \$50,000

	Class 7 - Flat \$30,000 Class 8 - Flat \$30,000 Class 9 - Flat \$30,000 Class 10 - Flat \$30,000 Class 11 - Flat \$50,000 Class 12 - Flat \$50,000 Class 13 - Flat \$30,000 Class 14 - Flat \$20,000 Class 15 - Flat \$30,000 Class 16 - Flat \$50,000
Employee Continuity of Coverage	Enhanced
Life Disability Provision*	Premium Waiver to Normal Retirement Age if Disabled Prior to 60
Living Benefit Option (Accelerated Benefit)*	12 months Life Expectancy, 80% of benefit to Max. \$50,000
Conversion*	Included
Accidental Death & Dismemberment (AD&D)	Matches Basic Life Benefit
Employee Contribution	Non-contributory
Enrollment Type	No Enrollment
Participation Requirement	100% of Eligible Employees
Number of Eligible Employees	Total - 3178

* Applies to Life only

Employee Rate Summary			Monthly Premium
Basic Life	\$0.13 per \$1,000	\$99,280,000 Volume	\$12,906.00
Basic AD&D	\$0.03 per \$1,000	\$97,940,000 Volume	\$2,938.00
Rate Guarantee: 4 Years			

Supplemental Employee Life and AD&D

Employee Plan Summary	
Feature	Description
Class Description	All Eligible City and County Employees
Employee Benefit	Increments of \$1,000 to a maximum of \$500,000 or 5 times BAE, whichever is less
Guaranteed Issue Amount	\$250,000
Minimum Benefit	\$5,000
Maximum Benefit	\$500,000
Benefit Reduction Schedule	35% @ 70, 30.77% @ 75, 33.33% @ 80, 85, 25% @ 90**
Employee Continuity of Coverage	Enhanced
Life Disability Provision*	Premium Waiver to Normal Retirement Age if Disabled Prior to 60
Living Benefit Option (Accelerated Benefit)*	12 months Life Expectancy, 80% of benefit to Max. \$500,000
Conversion*	Included
Accidental Death & Dismemberment (AD&D)	Matches Supplemental Life Benefit
Suicide Exclusion*	2 Years
Employee Contribution	Contributory
Enrollment Type	Traditional EOI
Participation Requirement	32% of Eligible Employees
Number of Eligible Employees	Total - 3178

* Applies to Life only

** Reminder – Compliance with ADEA is the responsibility of the Employer. Please consult your legal counsel to determine if this cutback schedule complies with ADEA guidelines.



Employee Rate Summary			Monthly Premium
	Age Band	Rate per \$1,000	Volume
Supplemental Life Class 1	<30	\$0.07	\$4,770,000
	30 - 34	\$0.08	\$9,200,000
	35 - 39	\$0.11	\$9,570,000
	40 - 44	\$0.16	\$10,470,000
	45 - 49	\$0.26	\$14,725,000
	50 - 54	\$0.44	\$11,510,000
	55 - 59	\$0.68	\$5,890,000
	60 - 64	\$1.03	\$1,480,000
	65 - 69	\$1.89	\$180,000
	70 - 74	\$3.30	\$0
	75+	\$5.45	\$0
Supp AD&D		\$0.04 per \$1,000	\$67,795,000
Rate Guarantee: 4 Years			

Supplemental Dependent Life and AD&D

Dependent Plan Summary	
Feature	Description
Spouse Benefit	Increments of \$1,000 subject to a maximum of \$100,000 (Not to exceed 50.0% of Employee Supplemental Life Benefit)
Spouse Guaranteed Issue Amount	\$50,000
Spouse Accidental Death & Dismemberment	Matches Spouse Supplemental Life Benefit
Child Benefit	2 Weeks To 19 Years - Increments of \$1,000 to a maximum of \$10,000
Child Accidental Death & Dismemberment	Matches Child Supplemental Life Benefit
Student Extension To Age	25 Years
Waiver of Dependent Premium*	Included. Applies if Employee Qualifies for Premium Waiver
Conversion – Spouse/Child*	Included
Suicide Exclusion*	2 Years

* Applies to Life only

Spouse Rate Summary			Monthly Premium
	Age Band	Rate per \$1,000	Volume
Supplemental Life Class 1	<30	\$0.07	\$930,000
	30 - 34	\$0.08	\$2,210,000
	35 - 39	\$0.11	\$2,250,000
	40 - 44	\$0.16	\$2,820,000
	45 - 49	\$0.26	\$3,600,000
	50 - 54	\$0.44	\$2,890,000
	55 - 59	\$0.68	\$1,220,000
	60 - 64	\$1.03	\$365,000
	65 - 69	\$1.89	\$15,000
	70 - 74	\$3.30	\$0
	75+	\$5.45	\$0
Supp AD&D		\$0.04 per \$1,000	\$16,300,000
Rate Guarantee: 4 Years			

Child Rate Summary			Monthly Premium
Supplemental Life	\$0.10 per \$1,000	\$7,273,000 Volume	
Supplemental AD&D	\$0.04 per \$1,000	\$7,273,000 Volume	
Rate Guarantee: 4 Years			



Qualifications and Assumptions

**The following are the qualifications upon which this proposal is based.
Our quote is contingent upon receipt of:**

1. Retiree Census

All missing information must be received prior to the quote "valid until date" listed on the cover of this proposal. The quote will not be binding until all missing information is received, reviewed, and approved in writing by The Hartford.

The following are the assumptions upon which this proposal is based:

1. The effective date of the case will be August 1, 2006.
2. Rates are valid until June 30, 2006.
3. Assumes the quoted rates are guaranteed for 4 years, until August 1, 2010.
4. The enrolled census information will be within 10% of the census data used to develop this quote.
5. Rates assume a SIC code of 9101.
6. The Schedule of Benefits is according to your specifications except where noted. Contract language approved by Hartford Life Insurance Company will be used for all insured contract and employee booklet communication material.
7. Assumes a Situs State of Nebraska. Hartford standard filed contract language applies unless approved in advance by Underwriting. State filings or specially drafted contract language is not assumed in the quoted rates.
8. We assume all eligible employees are U.S. citizens or U.S. residents working 20 hours per week for Lancaster County or 30 hours per week for the City of Lincoln in U.S. locations. If coverage is needed for any other type of employees such as Expatriates, U.S. Inpatriates, Third Country Nationals, or Local Nationals, please review the request with The Hartford.
9. Assumes employees must be actively-at-work on the effective date and the deferred effective date provision applies.
10. We assume no liability or coverage for any existing disabled persons.
11. Assumes claims incurred prior to the effective date of the contract will be the liability of the prior carrier.
12. Assumes coverage for active employees only unless otherwise specified.
13. We assume no liability to extend coverage under severance agreements unless reviewed and approved by underwriting in advance.
14. Assumes leave of absence or coverage continuation policies must be reviewed and approved in advance by underwriting.
15. Assumes Military Leave of Absence is 12 weeks unless otherwise specified.
16. Assumes the plan of benefits is subject to ERISA regulations.
17. Quote assumes quoted lines/eligibility are not tied to another group insurance product.
18. Quote does not include special risk lines of coverage unless otherwise specified.
19. A 31 day Grace Period applies.
20. Quote assumes 1 Contract/Booklet, 2 Bill Units, and 2 Experience Units.
21. Assumes self-administered billing which will provide complete lives, volume, and premium information by coverage line.
22. The Hartford reserves the right to re-price if the sold plan design differs from the proposed/quoted plan design.
23. The Hartford reserves the right to re-price for changes in State or Federal Insurance regulations.



24. The Hartford reserves the right to change the plan to comply with state mandated benefits, including charging additional premium for such changes, if applicable.
25. The Hartford reserves the right to re-price if the quoted minimum enrollment threshold is not met.
26. The Hartford reserves the right to re-price if a material misstatement of the information provided in the RFP, bid specifications, claim experience, or plan of benefits is discovered post-sale.
27. Assumes if there are more than 1,000 eligible employees a Concentration of Risk form must be completed and evaluated by underwriting.
28. Assumes the Life definition of earnings includes base annual earnings and average W2 earnings. Overtime pay and target income are not included.
29. Assumes Hartford standard policyholder reporting package and frequency unless otherwise specified.
30. Employees are required to complete Hartford Enrollment and Beneficiary designation forms. All others must be approved by underwriting in advance.
31. Assumes any legal documents or agreements must be reviewed and approved by Hartford's legal department prior to a binding contract being issued.
32. Assumes a copy of the Collective Bargaining Agreement and/or Trust Agreement is provided for review, if applicable.
33. Assumes absolute assignment agreements must be reviewed and approved by Hartford's legal department.
34. Quoted rates assume no commissions payable.
35. At the point of sale, one month's premium is required as a deposit amount along with a signed Policyholder Application Form.
36. For Life Insurance, the definition of "Earnings" does not include commissions.
37. The Minimum Benefit stated represents the minimum benefit before the application of Age Reduction Provisions.
38. A minimum participation level of 32% is assumed in the quoted rates.
39. Assumes employee contributions are on a post tax basis.
40. All enrollment materials, which includes enrollment forms and brochures, must be reviewed by underwriting prior to the enrollment date. This includes material prepared by The Hartford or any other source.
41. Initial and Annual enrollment must be completed no later than 30 days before the Effective Date of coverage.
42. Assumes a Traditional EOI Enrollment. Annual Enrollment with scheduled enrollment period and standard EOI requirements apply.
43. Late entrants are required to provide EOI to enter into the plan at any coverage level/amount.
44. The Hartford is committed to assist with the enrollment process from start to finish. Our specialized Enrollment Team will help ensure a hassle free enrollment for the client and maximize participation in the plan by preparing comprehensive, personalized enrollment packages for employees.
45. An enrolled census, including coverage elections & amounts, must be provided.
46. Assumes employee must be enrolled in the supplemental life plan in order for dependent spouse coverage to be purchased, unless otherwise noted.
47. The following Additional Underwriter Assumptions and Qualifications apply:

Please note the following deviations from the requested plan design:

Life

- Quote assumes there are no more than 50 retirees with a volume of \$1,340,000.
- Retirees are not eligible for AD&D.

This proposal is only a summary of the benefits offered to your company. The rates and costs shown in this proposal are based on the information provided. Rates may be affected by the actual enrollment and (transferred business information) provided.



This proposal does not constitute a final offer or agreement. It is the Producer's responsibility to present all terms and conditions in this proposal.

Please note the following descriptions that further explain some of our benefits and features. The descriptions are based on our Standard Language. The benefits shown below are available in most states, however, please be aware that state variations may apply.

Life:

AD&D		
Under our Standard Accidental Death and Dismemberment Benefit package, we provide payment of benefits if the following Losses occur within 365 days of the Accident. Subject to state availability, the following benefits are included:		
Loss of Life	100% of Principal Sum	
Loss of Both Hands or Both Feet or Sight of Both Eyes	100% of Principal Sum	
Loss of One Hand and One Foot	100% of Principal Sum	
Loss of Speech & Hearing in Both Ears	100% of Principal Sum	
Loss of Either Hand or Foot and Sight of One Eye	100% of Principal Sum	
Loss of Either Hand or Foot	50% of Principal Sum	
Loss of Sight of One Eye	50% of Principal Sum	
Loss of Speech or Hearing in Both Ears	50% of Principal Sum	
Loss of Thumb & Index Finger of Either Hand	25% of Principal Sum	
Seat Belt and Air Bag Benefit	<p>Seat Belt - 10% of Principal Sum to a maximum of \$10,000</p> <p>Air Bag - additional 5% of Principal Sum to a maximum of \$5,000, if seat belt also used.</p> <p>Minimum Benefit - If it cannot be determined that the injured person was wearing a Seat Belt at the time of the Accident, a Minimum Benefit of \$1,000 will be payable.</p>	<p>If a covered individual sustains an Injury payable under the Accidental Death and Dismemberment Benefit, we will pay an additional Seat Belt Benefit if the injury occurs while riding in or driving a Motor Vehicle and wearing a Seat Belt.</p> <p>If a Seat Belt Benefit is payable, we will pay an additional Air Bag Benefit, if the individual was positioned in a seat with a factory installed Air Bag, and was properly strapped in the Seat Belt when the Air Bag inflated.</p>

Repatriation Benefit	The lesser of: <ul style="list-style-type: none"> • 5% of Principal Sum; • \$5,000; or • the actual expense incurred for preparation and transportation of the body for burial or cremation. 	If a covered individual dies and a benefit is payable under the Accidental Death and Dismemberment Benefit, we will pay an additional benefit if death occurs outside of the state or country of permanent residence.
Loss of Movement	Quadriplegia* - 100% of Principal Sum Triplegia* - 75% of Principal Sum Paraplegia* - 75% of Principal Sum Hemiplegia* - 50% of Principal Sum Uniplegia* - 25% of Principal Sum	If any of these Losses occur as the result of an Injury, the described benefit is payable. Loss of movement of Limbs means that movement is completely lost and is irreversible.
More than one of the above Losses resulting from the same Accident	The lesser of: <ul style="list-style-type: none"> • Principal Sum; or • Sum of each Benefit payable 	

- * Quadriplegia - Loss of movement of both upper and lower Limbs
- * Triplegia - Loss of movement of three Limbs
- * Paraplegia - Loss of movement of both lower Limbs
- * Hemiplegia - Loss of movement of both upper and lower Limbs on one side of the body
- * Uniplegia - Loss of movement of one Limb

Enhanced Employee Continuity of Coverage

This language addresses concerns about employees losing coverage in takeover situations simply because the carrier changes. It is available when we are replacing a policy with Premium Waiver. Enhanced extends coverage to employees who were insured under the prior policy on the day before our Policy Effective Date, whether or not they were actively at work on that last day.

Coverage under this provision continues until the first of the following,

- The date the employee returns to work as an Active Full-Time Employee;
- The last day of a 12-month period following our Policy Effective Date;
- The last day the employee would have been covered under the prior policy had the prior policy not terminated; or
- The date insurance terminates for one of the reasons stated in the Termination Provisions.

The Amount of Coverage provided is equal to,

- The lesser of the amount under the prior policy or the amount under our policy
- Reduced by any amount in force, paid or payable under the prior policy; or which would have been payable if timely election had been made.

Life Disability Provision

Premium Waiver to Normal Retirement Age, if Disabled Prior to Age 60

Any covered employee who becomes Disabled before age 60 is eligible for continued employee life insurance, without payment of premium, while the employee remains continuously Disabled. Premium is required until the employee is approved for coverage. Once approved, premium will be waived and coverage will be continued until Normal Retirement Age while the employee remains Disabled.

Employees are considered Disabled if they are prevented, by injury or sickness, from doing any work for which they are, or could become, qualified by education, training or experience. If Living Benefit Option is included, employees will also be considered Disabled if they meet the definition of Terminally Ill in the certificate.

The employee must be Disabled for 9 consecutive months to qualify for Waiver of Premium.

Living Benefit Option (Accelerated Benefit)

The Living Benefits Option (LBO) allows the employee to elect to receive an accelerated payment of a portion of the life insurance benefit when a covered person (may include employee or employee and dependent) is diagnosed as terminally ill with a 6, 12 or 24 month life expectancy. The employer determines applicable life expectancy and whether the benefit applies to dependent coverage.

We will pay up to 80% of the terminally ill individual's Group Term Life benefit as long as he or she has a minimum life coverage amount of \$10,000 and has not exceeded the maximum age, if any, described in the contract. LBO pays a minimum of \$3,000 and a maximum of \$500,000. Accelerated funds are paid to the employee with no restrictions on how they may be used; the remaining death benefit is then payable to the beneficiary.



Safe Haven

Safe Haven, an interest-bearing draft (checking) account, is a claim settlement option when group life insurance benefits of \$10,000 or more are payable to a single beneficiary. Safe Haven offers flexibility and peace of mind to beneficiaries by providing a secure place to keep their insurance proceeds during a time when making financial decisions may be difficult. Funds earn competitive daily interest rates and can be easily accessed, as needed, by writing checks from a minimum of \$250, to a maximum of the total account balance. Beneficiaries pay no monthly account fees, receive a monthly activity report and can call a toll-free phone number for account inquiries.

Suicide Exclusion

A Suicide Exclusion is included on Supplemental Life insurance for employees and dependents to help protect the employer's experience from unanticipated losses. It applies only to elected coverage amounts which became effective within two years of the date of death, and the two year period includes the time coverage was in force under the prior group life policy.

Beneficiary Assist

The loss of a loved one is never easy. Those left behind are also often forced to deal with complex financial and legal issues at a time when they are particularly unprepared to do so. Wouldn't it be a comfort to know that you can help your employees protect their family's income, while also helping to ensure that beneficiaries are helped to cope with the emotional, financial and legal aspects of their loss?

Fortunately, The Hartford understands the unique issues that often result from a loved one's death. That's why we've included the valuable Beneficiary Assist counseling service as a part of your group life or accident insurance plan from The Hartford. Beneficiary Assist includes valuable counseling services available to beneficiaries at no additional premium cost. Benefits are provided by ComPsych, one of the most successful and experienced groups offering such services. Their nationwide network of experienced professionals can offer counseling in a multitude of areas dealing with loss, from emotional to financial to legal. Counselors are available 24 hours a day, 365 days a year, and all calls are completely confidential.

Beneficiary Assist provides unsurpassed service to help beneficiaries handle some of the toughest issues they'll ever have to face. Some of the services provided include:

Qualified counselors — All grief counselors hold a Masters Degree, attorneys are licensed in their respective states, and financial consultants are ICFP (Institute of Certified Financial Planner) certified.

Needs assessment and grief intervention plan — A personal assessment of bereavement counseling needs will be prepared according to the beneficiary's needs.

Unlimited phone contact — Available up to one year with a grief counselor, legal advisor, or financial planner.

Referrals — ComPsych maintains a comprehensive directory of qualified and accessible grief counselors and legal and financial consultants.

Five face-to-face working sessions — A combined limit of five meetings, per family, up to one hour each, either with a grief counselor, legal advisor or financial planner in your beneficiary's geographic location. (The time taken to prepare for a face-to-face meeting such as completing a financial plan or will, for example, may count toward the time used to satisfy the 5-hour combined single limit).

Follow up — Available for up to one full year.

Beneficiary Assist disclosures: Beneficiary Assist services are underwritten by Hartford Life Insurance Company, Hartford Life and Accident Insurance Company and Hartford Group Life Insurance Company (herein Hartford), however, all services are provided by ComPsych. Legal services will not be provided for court proceedings or for the preparation of briefs for legal appearances or actions or for any action against any party providing Beneficiary Assist services. Such services are also available to terminally ill insureds that receive an Accelerated Death Benefit claim check. Neither ComPsych nor Hartford is responsible or liable for care or advice rendered by any referral resources. Services provided under this program can change at any time, without notice. This proposal is for illustrative purposes only and is not a contract. It is intended to provide a general overview of the services described. Only the service agreement can provide the actual terms, coverages, services, amounts, conditions and exclusions.

Other:



Employer ViewSM

At Hartford Life, we're committed to giving you the best service possible. That's why we offer Employer View, a web site for the exclusive use of Hartford Life's employer customers. Designed to save you time administering your Hartford Life group benefits, Employer View gives you quick, easy access to the information you need whenever you want it.

To use Employer View, all you need is an Internet connection and web browser. Simply go to www.employerview.com and register online. You'll be prompted to enter basic information from your bill and to choose a user name and password for confidentiality and security. Employer View is easy to navigate and here's what you'll find when you log on:

- **Case Information** – gives you the status of billing and premium payments, from the most recent to a full history. You can also get plan coverage details, your benefit booklets and associated documents, and rate information.
- **Electronic Billing** – provides you with an easy-to-use tool that lets you update your invoices online, gives you real-time calculations of premiums due, lets you print the actual invoice upon completion of updating your bill, and allows you to retain detailed billing statements for your records. This function is available for all groups that receive a self-administered bill from Hartford Life.
- **Participation Administration** – allows you to maintain eligibility records online if you receive a list bill. Once your Hartford Life account is set up, you can enroll new employees, update or delete enrollee information and make salary adjustments – which means a more accurate list bill. You also have the ability to do a query and download the results into a spreadsheet.
- **Medical Underwriting** – lets you search by employee first and last name or Social Security number to find real-time information on an employee's underwriting status.
- **Claims Inquiry** – lets you search by employee first and last name or Social Security number to check claim status. If a claim has been paid, you see claim payment history and where the check or electronic fund transfers were sent.
- **Contact Us** – an online question and answer function that puts you in touch with your Hartford Life contacts via e-mail, while also listing their phone numbers.
- **Reference Library** – houses some of Hartford Life's product and general brochures. It also includes links to other web sites of interest.
- **Administration Kit** – includes all the forms you commonly use to administer your Hartford Life group benefits. The Administration Kit is dynamic, so you see only the forms that apply to your specific plan(s).

Employer View is a value-added service Hartford Life is pleased to offer at no additional cost - and this is just the beginning. Additional functionality and content will continually be added in the future.



Enrollments Services

Hassle Free Enrollment Process

Maximizing Employee Participation with a Voluntary Enrollment Offering

We want to make it as easy as possible to communicate information on your plan and the associated cost to your employees. Our goal is to engage employees so they fully understand the benefits offering and to make it easy for them to enroll. To accomplish this, The Hartford will prepare enrollment packages for employees that include:

- ✓ **Benefits information (brochures and tools) to help employees understand their needs and how these offerings can help them make an educated decision.**
- ✓ **Benefit Highlight Sheets that list plan provisions in more detail to help explain product offerings.**
- ✓ **Personalized Enrollment Forms for each employee. These simple forms show the price (payroll deduction amount) of coverage based on the employee's salary and age.**

As benefit costs continue to rise and consume a larger portion of a company's budget, voluntary coverage enhances an employer's group plan at no additional cost.

We support voluntary plans with a complete package of enrollment communication materials and to simplify the employee's purchase decision, we can provide each employee with a personalized enrollment form that outlines his or her coverage choices and costs. This service has consistently resulted in higher employee plan participation and is offered at no charge to employers.

To help ensure a hassle-free enrollment process and to maximize participation, The Hartford will work with you to:

- ✓ **Develop an enrollment strategy that will maximize employee participation levels that best fit this case.**
- ✓ **Identify the appropriate tools that will support the enrollment strategy. (e.g. Online enrollment; onsite meetings; employee-focused marketing materials)**
- ✓ **Create an eligible census that allows us to produce a detailed and personalized enrollment package for each employee.**
- ✓ **Assess the needs for an enrollment specialist to explain these benefits in person and to answer questions for Employer's committed to enrollment meetings.**
- ✓ **Identify the enrollment period that is convenient for you and provides us time to sufficiently manage the post-enrollment process.**
- ✓ **Identify post enrollment communication needs (e.g. tabulating enrollment results and transferring results back to Employer electronically showing the coverage elections and related payroll deduction amounts)**



Travel Assistance Program

When an employee is traveling, unexpected emergencies can occur. Hartford Life has arranged through Worldwide Assistance Services, Inc., a 24-Hour toll-free emergency services line that helps employees, their spouses and dependents access emergency assistance worldwide, when traveling 100 miles or more from home. These services are provided at no additional cost as part of our Group Benefits portfolio.

Employees receive three kinds of services:

1. Emergency Medical Assistance
2. Emergency Personal Services
3. Pre-Trip Information.

This is a general description of the program. A more detailed explanation of the travel assistance plan, including exclusions and limitations, is available through your Hartford Life sales contact.

Commission

This quote includes no commissions.

Sold Case Submission Guidelines

The following material must be submitted into Home Office in order for the Underwriter to accept the case and release it to active. This is in addition to Case Management being loaded and ready for underwriter review.

A copy of the Application and the deposit premium check must be submitted prior to loading case management in order for a policy number to be assigned.

For All Size Cases:

- ☐ Cover Letter (which details any and all of the non-standard aspects of the case)
- ☐ Enrollment Rating (Can be done electronically. If done electronically, please note this on the cover letter.)
- ☐ Proposal
- ☐ Any other supporting documentation (Any pertinent emails and correspondence supporting any previously approved underwriting exceptions)
- ☐ Prior Carrier Booklets (Required for LTD coverage. A copy should be forwarded directly to Claims)
- ☐ Booklet/contract specification sheet
- ☐ Joint Purchasing Agreement (Required for Govt. Agencies) (Large Group Cases Only)
- ☐ ET Request emailed to Contract Services
- ☐ Admin Kit Request Form emailed to Customer Service

For Priority Accounts Cases:

- ☐ Rate Calculation Sheet (Priority Accounts only)
- ☐ List Bill information (Priority Accounts only)
- ☐ Census Breakout (Priority Accounts only)

For All ASO:

- ☐ Banking Exhibit (ASO Eval & Process only)
- ☐ ASO Agreement CDS page

Policyholder Application Forms

http://gbd.thehartford.com/forms/pha/GroupLifeandLTDSTDHLA_GR12100.pdf

